

Office of the University Registrar
Florida State University

DROP/ADD PERMIT

Date _____

Term/Year _____

Student Name - Last, First, Initial _____

EMPLID _____

ADD: Class Number

Course Prefix Course Number

Class Section

Class Credit Total Scheduled Hours
AFTER Add Approved

DROP: Class Number

Course Prefix Course Number

Class Section

Class Credit Total Scheduled Hours
AFTER Drop Approved

CODE

Dept. Approval: _____

Academic Dean: _____
(required for ALL adds after drop/add period)

I have met all prerequisites and corequisites for courses being added and I understand that this adjustment to my schedule is my responsibility.

Academic Dean: _____
(may be required below 12 hours)
Required for ALL drops after 7th week of term)*

*Prorated for Summer sessions - check Academic Calendar

I understand I may not receive a refund for courses dropped after the drop/add period.

Signature _____

Signature _____